

12-20-01

A) Re-issue

12/18/01

1058 U.S. PTO

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QUEEN THOMAS
Printed Name

Queen Thomas
Signature

1002 U.S. PTO

10/023132

12/18/01

REISSUE PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application of
U.S. Patent No. 6,008,216

Applicants: Chakrabarti, et al.

Application No.: Unassigned

Filed: December 18, 2001

For: PROCESS FOR PREPARING 2-METHYL-
THIENO-BENZODIAZEPINE

Docket No.: G-1265I

OFFER TO SURRENDER ORIGINAL LETTERS PATENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Eli Lilly and Company, the sole owner of the entire right, title, and interest in U.S. Patent No. 6,008,216, by virtue of the Assignment recorded in the U.S. Patent and Trademark Office at Reel 9773, Frame 0625, hereby offers to surrender United States Letters Patent No. 6,008,216 conditional upon the Reissue of said Letters Patent.

Respectfully submitted,

ELI LILLY AND COMPANY

By

Robert A. Armitage

Robert A. Armitage

Vice President and General Patent Counsel

December 12, 2001

Date

Please type a plus sign (+) inside this box → ☐

PTO/SB/17 (12/97)

Approved for transmission through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL		Complete if Known			
<p>Note: Effective November 10, 1997. Patent fees are subject to annual revision.</p> <p>TOTAL AMOUNT OF PAYMENT (\$1604.00)</p> <p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 05-0840</p> <p>Deposit Account Name: Eli Lilly and Company</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		Application Number			
		Filing Date			
		First Named Inventor Jiban Chakrabarti			
		Group Art Unit			
		Examiner Name			
Attorney Docket Number G-1265I					
FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive-unavoidable	
141	1,280	241	640	Petition to revive-unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design Issue Fee	
144	620	244	310	Plant Issue Fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify)					
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$0.00)					
SUBMITTED BY					
Typed or Printed Name: Nelsen L. Lentz			Complete (if applicable)		
Signature: <i>Nelsen L. Lentz</i>			Reg. Number: 38,537		
Date: December 18, 2001			Date: December 18, 2001		
"Express Mail" mailing label number: EL 230527856 US					
Date of Deposit: DEC. 18, 2001					
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Printed Name: <i>Queen Thomas</i>			Signature: <i>Queen Thomas</i>		

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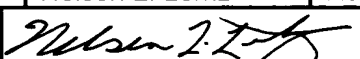
REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	G-12651
	First Named Inventor	Jiban Chakrabarti
	Original Patent Number	6,008,216
	Original Patent Issue Date (Month/Day/Year)	12/28/1999
	Express Mail Label No.	EL 230527856 US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> Transfer drawings from Patent File
2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)	8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)
3. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
4. <input type="checkbox"/> Reissue Oath/declaration (original or copy) (37 CFR 1.175)(PTO/SB/51 or 52)	10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)	11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Stmt. Filed in prior application, Status still proper and desired
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or PTO/SB/54) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Other: _____ _____ _____ _____ _____

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)		
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City: Indianapolis	State: Indiana	Zip Code: 46285
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Name (Print/Type): Nelsen L. Lentz	Registration No. (Attorney/Agent): #38,537	
Signature: 	Date: December 18, 2001	

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QUEEN THOMAS
(Typed or printed name of person mailing paper)

Queen Thomas
(Signature of person mailing paper or fee)